

# The Quest for the Therapeutic Organization

1. Professional Oaths &  
Institutional Covenants or  
Codes
2. “We are and become what we  
measure!”

### 3. A new evaluative tool or set of tools to measure an institution's "Therapeutic Index"

- A series of measures put together in a single number to track progress of the healing or therapeutic performance of a clinical group, hospital, nursing home or care system.

# Two Models:

1. The “Philosophy/Values Model”
  - societal, professional, business & “university” values
2. The “Clinical Covenant Model”
  - anthropomorphosis of clinician’s qualities to organizational characteristics

# The Clinical Covenant Model

Elements comprising the  
“overall therapeutic index”

1. Maintaining technical/scientific competence
2. Understanding suffering
3. Understanding death and dying
4. Appreciating the placebo effect

5. Communicating dignity & respect for the patient through listening and seeing as well as talking
6. Working with the expanded roles of healthcare (acute, curative care; chronic, coping care; prevention and health promotion)
7. Expressing/demonstrating loyalty to patients and to staff

8. Including patients as team members

9. Demonstrating collaboration and teamwork in  
delivering patient – centered care

10. Demonstrating concern for the  
environment

- building and use of physical resources
- organizational culture
- management style

11. Exemplifying cultural sensitivity and diversity awareness

12. Incorporating concern for the community's social ethic and the health and community impact of the institution's efforts to fulfill its "own" social responsibilities

# Model Sample Evaluative Measures/Processes

- **Six groups of several measures each**
  1. Risk-adjusted mortality rates – 6 measures
  2. Selected JCAHO & other standards – 8 measures
  3. Elements of paper-less environment – 4 processes
  4. Evidence-based protocols in place – 7 processes
  5. Surveys (+/- focus groups) – 6 surveys
  6. Administrative processes & policies – 10 measures/processes



<b>Elements</b>	<b># Evaluative Measures</b>	<b>Total Possible Points</b>
1. Technical and Scientific Competence	26	60
2. Suffering and Pain Death and Dying	15	12
3. Placebo Effect	9	4
4. Communicating Dignity and Respect	5	6

Elements	# Evaluative Measures	Total Possible Points
5. Expanded Roles	10	3
6. Loyalty to Patient	10	3
7. Patients on Team	5	2
8. Teamwork and Collaboration in Patient-Centered Care	7	3

Elements	# Evaluative Measures	Total Possible Points
9. Concern for the Environment Physical/Org/Mgmt Style	1	5
10. Cultural Sensitivity and Diversity	2	5
11. Concern for Social Ethic Impact	10	5

# Evaluation of Scientific and Technical Competence

<b>Evaluative Test</b>	<b>Assigned Maximal Score</b>
<b>1. Risk-adjusted mortality rates</b>	
a. Surgical mortality rate	2
b. Medical mortality rate	2
c. Anesthetic mortality rate	1
	1

Evaluative Test	Assigned Maximal Score
2. Selected JCAHO and Other Standard Criteria	
a. Sentinel events: # reported	3
b. Overall error rate: % pt. damage; % fatal; % drug- related	3
c. # reports possible errors, near misses	3
d. Rate of hospital acquired infections	3

<b>Evaluative Test</b>	<b>Assigned Maximal Score</b>
<b>3. A paperless environment</b>	
a. Electronic MD order entry	3
b. Electronic records / accessibility	3
c. Bar-coding for pharmacy administration	3
d. Electronic automatic follow-	3

Evaluative Test	Assigned Maximal Score
<b>4. Protocols in place on evidence-based foundation</b>	
a. Pain management	3
b. Care for terminally ill including hospice care transfer	2
c. Weekly discharge rounds review	3
d. Cancer screening tests, BP	2

Evaluative Test	Assigned Maximal Score
<b>5. Surveys (and focus groups)</b>	
a. Patient satisfaction – security	3
and confidence in care received	3
b. Nurse satisfaction – security and	3
confidence in care given	2
c. MD satisfaction –	



<b>Evaluative Test</b>	<b>Assigned Maximal Score</b>
<b>6. Administrative processes and issues</b>	
a. Magnet Hospital Status	3
b. Douhlas for ob/gyn service; social services	1

# Evaluative Tests for “Understanding Pain, Suffering, Death/Dying

<b>Evaluative Test</b>	<b>Assigned Maximal Score</b>
2e. Hospital readmission rates:  especially diabetes, heart  disease, hypertension, asthma	0.25
3a. Electronic MD order entry	0.25

Evaluative Test	Assigned Maximal Score
4a. Pain management	3.00
4b. Care for terminally ill including hospice care transfer	2.00
4d. Cancer screening tests: BP screening; diabetes and complications screening procedures – data on compliance with	0.25

<b>Evaluative Test</b>	<b>Assigned Maximal Score</b>
5a. and b. Patient satisfaction (are you secure and confident in the care you receive?) *Family – communication and follow-through	2.00
6c., d., e., g., h., i., Is there Magnet Hospital Status of Excellence in	4.00

## Evaluative Test

## Assigned Maximal Score

6c., d., e., g., h., i., cont.

\*Communication – bi-directional; printout of individual pt. schedule each night before; # hospital or provider committees that include patients

\*% patient rooms with windows

\*douglas for ob/gyn

## Evaluative Test

## Assigned Maximal Score

\*cultural sensitivity; # of languages needed by the organization; the diversity of the workforce

\*Are there educational programs for staff on such issues as death and dying, on building pt. Trust in the organization, on the issues of pain management, system safety problems and sustainable “green” building and environment and the relation to health and patient-centered care

# **Most Influential Tests Contributing to a Positive Therapeutic Index Using the “Clinical Covenant Model”**

- Risk-adjusted mortality rates
- Pain management protocol
- Hospital readmission rates (for certain chronic diseases)

- Patient satisfaction survey
- Nurse satisfaction survey
- Physician satisfaction survey
- Patient communication
- The “magnet hospital” design
- Cultural sensitivity measure
- Electronic order entry & bar coding